

Application Data Sheet
Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Number of copies of CFR::

Title:: PEER TO PEER GESTURE BASED MODULAR
PRESENTATION SYSTEM

Attorney Docket Number:: FXPL-1060US0

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 8

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Patrick

Middle Name::

Family Name:: Chiu

Name Suffix::

City of Residence:: Menlo Park

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 564 University Drive, Apt. 3

City of mailing address:: Menlo Park

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Qiong

Middle Name::

Family Name:: Liu

Name Suffix::

City of Residence:: Milpitas
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 44 Jacklin Place
City of mailing address:: Milpitas
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95035

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Boreczky
Name Suffix::
City of Residence:: San Leandro
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 516 Dutton
City of mailing address:: San Leandro
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95477

Correspondence Information

Correspondence Customer Number:: 23910

Phone number:: (415) 362-3800
Fax Number:: (415) 362-2928
Email address:: SBachmann@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: FUJI XEROX CO., LTD.
Street of mailing address:: 17-22, AKASAKA 2-CHOME
City of mailing address:: MINATO-KU,
State or Province of mailing address:: TOKYO
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address::